



**CUMBERLAND COUNTY
HUMAN RESOURCES
P.O. BOX 110
CUMBERLAND, VA 23040
(804) 492-3251**

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APPLICATION FOR EMPLOYMENT

Personal Data:

Position(s) applied for _____

Name _____ Date of Application _____

Social Security Number _____ - _____ - _____

Permanent Address _____
Street & Number City State Zip

Temporary Address _____
Street & Number City State Zip

Telephone Number _____ / _____
Home Work

Are you at least 18 years of age? ☐ Yes ☐ No

Are you a U.S. citizen or otherwise legally eligible for employment in the United States?

☐ Yes ☐ No

What type of employment are you seeking? ☐ Full-Time ☐ Part-Time ☐ Seasonal

What is the minimum annual salary you will accept? _____

When will you be available for work? _____

List the name(s) of any other relatives now employed by the County of Cumberland:

Name	Relationship	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? _____ If yes, explain

Education and Training

Name & Address	From	To	Did you graduate	Course/Degree
High School Or GED				
College				
Other				

List any professional or trade certificates or licenses you possess: _____

List any office machines, heavy equipment or machinery you have operated: _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

Give speed in words per minute: Shorthand _____ Typing _____

Do you have a valid Driver's License? _____ Type _____ Auto _____ Chauffeur _____ Other

Driver's License Number _____ - _____ - _____ (For purposes of obtaining your driving record, should the position applied for require use of a county vehicle)

List any awards, honors, or fellowships received:

Military History:

Branch

Date of entry

Date of separation

Nature of Discharge

Employment History

Name & Address of Company							
Type of Business		Position held					
Name of supervisor		Telephone					
Describe the work you did:							
Salary: Start _____ Finish _____		Employed from	Month	Year	To	Month	Year
Reason for leaving:							

Name & Address of Company							
Type of Business		Position held					
Name of supervisor		Telephone					
Describe the work you did:							
Salary: Start _____ Finish _____		Employed from	Month	Year	To	Month	Year
Reason for leaving:							

Name & Address of Company							
Type of Business		Position held					
Name of supervisor		Telephone					
Describe the work you did:							
Salary: Start _____ Finish _____		Employed from	Month	Year	To	Month	Year
Reason for leaving:							

(For Additional work experience, attach addendum)

Character References:

Name	Address	Occupation	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To Whom It May Concern:

My signature is your authority to request any school or institution of learning, creditor, past or present employer or law enforcement agency to release information contained in their records to the proper official presenting this authorization for his use in conducting research specifically relating to my suitability as an employee of the County of Cumberland.

Signature of Applicant

Date

Certification

The facts set forth in my application for employment are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of an offer or subsequent dismissal if employed. I understand that this application is valid for consideration for employment for a period of 30 days. I understand that if employment is offered, such employment shall be conditional upon successful completion of a probationary period.

Signature of Applicant

Date

If you wish to make additional comments, please list them on a separate sheet of paper and attach to this application.

How did you find out about this job? ☐ Newspaper ☐ Other publication ☐ County employee
☐ Virginia Employment Commission ☐ Friend or relative ☐ Other _____

This information will not be used for making employment decisions, and will not be kept with your application for employment. The information in this section is needed to analyze and assure compliance with State and Federal equal opportunity laws and to meet the reporting requirements of these laws. After this information is recorded, this section will be separated from your application.

Sex _____ Race _____ Age _____ Veteran _____

Handicapped ☐ Yes ☐ No